

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>002392</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/24/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>TERRACE AT TOWNE CENTRE, THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7252 ARTHUR BOULEVARD</b> <b>MERRILLVILLE, IN 46410</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaint IN00098544.</p> <p>Complaint IN00098544- Substantiated, no deficiencies related to the allegations are cited.</p> <p>Survey date: October 24, 2011</p> <p>Facility number: 002392 Provider number: 002392 AIM number: N/A</p> <p>Survey team: Janelyn Kulik, RN</p> <p>Census bed type: Residential: 52 Total: 52</p> <p>Census payor type: Other: 52 Total: 52</p> <p>Sample: 5</p> <p>Terrace of Towne Centre was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00098544.</p> <p>Quality review completed on October 25, 2011 by Bev Faulkner, RN</p>	R 000		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

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If continuation sheet 1 of 1